

To: Joan Senecal
From: Beth Stern
Re: 1115 C waiver application
Date: 9/17/03

Please find my comments and questions regarding the 1115 C waiver as follows. These represent my personal comments and should not be construed to represent CVCOA or the Case Management Department as a whole. I have distributed the proposal to those who requested it.

Page 7, top, discusses “slightly expanding the current eligibility for admission to the entitlement group.” My understanding was that the eligibility was to be more restrictive for the highest need group. Or is it more restrictive as compared to the Waiver and less restrictive compared to nursing homes?

The clinical eligibility for the Highest Need group (the group entitled to either nursing home care or home- and community-based services) will be increased modestly from what it is today. Individuals who meet this modified eligibility will be entitled to services. Persons who not meet these criteria will most likely be eligible for services in the High Need and Moderate Need groups and will receive LTC program services as funds become available; however, they are not entitled to services as are those in the Highest Need group..

Page 7, middle: What services would be available to the High needs group?

Nursing home care and all the services currently provided under the HCBS Waiver.

Page 7, middle and page 12, top: Would Case Management services be paid for, for those in the High needs or Moderate needs groups?

Yes, unless payment would duplicate or supplant an existing case management service. We need to work out the detail about how this would work with other funding already available for case management services, e.g. the Older Americans Act..

Page 9: middle: I do not believe state employees are the best ones to do initial screening and care plans as the local staff from HH and AAAs are probably the ones who know the clients best and could be trained to do this at a much lower cost to the state.

We believe the transition to using state employees for the initial assessment and care plan (the rest of the case management system remains as it is today) is necessary to ensure consistency in what will now be an entitlement service. These state staff will work very closely with local agencies and the local Long-Term Care (Waiver) teams, and will make use of whatever information those agencies have about the individual.

Page 10, middle: Great idea to increase the resource limit!

Page 12, last paragraph: This is confusing. Do all groups get all these services?

No. The care plans for the Highest Need and High Need groups may contain nursing home care or care and services that are currently listed under our 1915(c) waivers. The Moderate Need group would receive case management and if appropriate and chosen by the consumer, Homemaker and Adult Day services. As savings are realized under this LTC program, additional services may be added or expanded for the various groups.

Page 14, top: Why limit the Cash and counseling pilot to counties? Why not have a set number of individuals and serve them in this no matter where they live?

This is an interesting suggestion and we will take it to the cash and counseling work group for consideration.

Page 14, bottom: Mandating a monthly face-to-face visit is a change from the current waiver, which requires this every 60 days. I think it is a good change.

Page 15, bottom: How do you envision expanding the LTC ombudsman project? More staff? More volunteers? Through Legal Aid?

It is unclear at this time exactly how this will be implemented, but certainly working with the existing Long Term Care Ombudsman program would appear to be the optimal approach. However a bid process may be required, depending on which route we take.

Page 20, middle: How will the state measure “success” in order to expand to the high need and moderate need enrollees? Will they be “enrolled” during this first 6 months, and just kind of waiting to see what happens? What services would they get during this first six months other than Case Management (paid?) and already existing state plan services?

We are working now on the details of how the money will be managed to cover the non-entitled groups. We expect to have proposal to submit for feedback soon.

Page 21, bottom: It’s a good move to include spouses as providers of personal care services.

We hope CMS will permit us to have this option in the Waiver, even if on a limited basis.

Page 26, top: I believe there is still a conflict of interest for HH agencies to be both providers of care and case managers, and I wonder about the “robust oversight” mentioned here.

Some features of the proposal, including state staff to administer the initial assessment, develop the initial care plan and review and approve all changes in plans

of care, plus increased quality assurance monitoring, will help address whatever concerns exist. We also believe that having state staff working closely with the Long-Term Care Team (waiver teams) will help address any local concerns.

Page 26, bottom: This is new to do a sampling of cases each quarter, and is probably a good idea.

Page 29, top: Are DAAs totally gone? Is local control gone? Why do DAD staff have to facilitate waiver meetings? DAD has spent a lot of time building up DAAs, local capacity, etc, to only dismantle it? It doesn't make sense to me.

We do not foresee a need for the DAAs to exist under this proposal. Keep in mind the reason we had to develop DAA's was because, unlike other departments in state government, we had no district office to help with the administrative functions. State staff will be able to do these tasks and work closely with the local agencies. While the DAA system has been important to our success to date, it has not been without problems and detractors. We believe the new approach will work better for all. However, it is crucial that we maintain the strong local Long-Term Care (Waiver) teams.

In general, I feel the goals of 1115 C are good; I am not in agreement about less local control, dismantling of DAAs, and state workers doing initial assessments.